PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

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10743606

Application or Docket Number

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
Γ 	OTAL OLABAG		(Columr	11)	(Colu	mn 2)		TYPE [OR -	SMALL	ENTITY	
TOTAL CLAIMS			/3					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMB	MBER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			/3 minus 20= *		· 0			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS				inus 3 =	0	- 		X43=		OR	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2						1	TOTAL		OR	TOTAL	770		
CLAIMS AS AMENDED - PART II										_	OTHER	THAN	
		(Column 1)		(Colun	(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***	CLAIM	= .		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)											ADDII. I EE		
		CLAIMS		HIGH	EST	(COIGITHI C)	1 г	<u> </u>	ADDI-	i 1		ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		£		X43=	-	OR	X86=		
٧	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									Oh			
								+145=		OR	+290=		
		A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE							
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		2		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									UH			
								+145=		OR	+290=		
** }	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR ,	TOTAL ADDIT. FEE		
		mber Previously Paid ber Previously Paid						DDIT. FEE L	ropriate box				